



RN-BSN Track PRECEPTOR QUALIFICATION FORM

SECTION I: NAME, EDUCATION, EXPERIENCE

Preceptor Name-Must match name on Nursing license	Today's Date

Facility/Employer Name and contact information

Name of Original College of Nursing/Degree obtained	Date of Graduation
List any other Degrees in Nursing or Related Fields	Date of Graduation

Nursing Experience	
Experience as RN	

COMPLETE EITHER SECTION II A OR II B OR BOTH

SECTION II A: CURRENT SPECIALTY CERTIFICATION (if applicable)

Name of Specialty Certification	Certifying Organization	Certification Valid Through

SECTION II B: DEMONSTRATED COMPETENCE

Describe your competency in the area of clinical practice in which you will be a preceptor

SECTION III: LICENSURE

State of Licensure	Licensure Type	License Number	Expiration Date
	RN		
	X		

SECTION IV: EMPLOYMENT

Employer name	Employer location	Dates of employment month/year to month/year	Unit or area of practice

SECTION V: VERIFICATION OF LICENSURE – The education program is required to maintain documentation of license verification for each preceptor.

Preceptor Signature (attesting to accuracy of information)

Date

Printed Name



I, _____
(Preceptor's Printed Name)

agree to act as a preceptor for students enrolled in the nursing programs selected below for the period beginning
_____ through _____
(month/year) (month/year)

I have a copy of the Preceptor Guidelines and understand that I will receive pertinent course and student evaluation materials from the course coordinator of students with whom I have agreed to precept.

Preceptor Signature: _____ Date: _____

Email _____
Address: _____

Phone: _____
Work Unit: _____

For the College of Nursing student matched with a preceptor, the student completes the following:

I understand that I am responsible for meeting the standards in policies/procedures of the agency; maintaining professional appearance and behavior; and providing safe client care. I understand that I will be expected to 1) keep the assigned preceptor and faculty informed about my learning needs in relationship to course objectives; 2) obtain assistance with procedures appropriately; 3) communicate frequently with the preceptor and faculty regarding client care and 4) seek feedback regarding clinical progress and completion of course requirements.

Student Printed Name & Signature Date Course